

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031352

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1090

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 16 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 53yrs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo Methodist Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Burman Caton		4. DATE OF DEATH Month Day Year Sept. 6, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 4, 1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Midwest-Roe-Kelly	11. BIRTHPLACE (City and state or country) St. Joseph, Mo
13a. FATHER'S NAME Clark E Caton		13b. MOTHER'S MAIDEN NAME Norma M Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Patrick Caton, St. Joseph, Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac Dilatation</i>		INTERVAL BETWEEN ONSET AND DEATH 48 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Aortic stenosis, Calcific</i>		years	
DUE TO (c) <i>Arteriosclerotic heart disease</i>		years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cirrhosis of liver and hydrops of kidneys.</i>		PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from Death occurred at 8/29/63 to 9/6/63 and last saw her alive on 9/6/63		22. ADDRESS Suite 301 Physicians & Surgeons Bldg, St Joseph, Mo	
22a. SIGNATURE (Degree or title) <i>C. A. Potter, Jr., M.D.</i>		22c. DATE SIGNED 9/9/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/8/63	23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public Cemetery St. Joseph, Mo	
24. FUNERAL DIRECTOR <i>Paul E. Rupp</i>	ADDRESS St. Joseph, Mo	25. DATE RECD. BY LOCAL REG. Sept. 13, 1963	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
C.A. Potter, Jr., M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

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Barrett used 9-6-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Country _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John E. Rupp

Licensed Embalmer No

P. 2. Address

Licensed Embalmer No. 1118
P. O. Address St. Joseph Mo
OWN HANDWRITING. (Failure to comply

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

• If this body is not embalmed, fact should be so stated above.